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| Case Number: | CM15-0196842 | | |
| Date Assigned: | 10/12/2015 | Date of Injury: | 05/23/1998 |
| Decision Date: | 11/30/2015 | UR Denial Date: | 09/01/2015 |
| Priority: | Standard | Application Received: | 10/06/2015 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 66 year old male who sustained an industrial injury 05-23-98. A review of the medical records reveals the injured worker is undergoing treatment for osteoarthritis and degenerative joint disease. Medical records (07-23-15 through 08-25-15) reveal that the injured worker underwent a left total knee replacement on 08-24-15. The physical exam (07-23-15) reveals an antalgic gait, severe lateral and medial joint line tenderness and a small effusion, as well as diminished range of motion of the knee with mild patella-femoral crepitus with pain. Prior treatment includes medications. The treating provider reports the need for a knee TENS unit with conductive garment and supplies. The original utilization review (09-01-15) non-certified the request for electrodes and a garment for a TENS unit for the knee.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Electrodes: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<https://www.healthplanofnevada.com/documents/providerfiles>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Based on the 05/20/15 progress report provided by treating physician, the patient presents with bilateral knee pain. The patient is status post left total knee arthroplasty on 08/24/15, and right TKA 2009. The request is for Electrodes. Patient's diagnosis per Request for Authorization form dated 08/25/15 includes Osteoarthritis, unspecified whether generalized or localized, lower leg. Patient's gait is antalgic. Physical examination on 05/20/15 revealed severe lateral and medial joint line tenderness and a small effusion, as well as diminished range of motion of the knee with mild patella-femoral crepitus with pain. Treatment to date has included surgery, imaging studies, exercises and medications. The patient is retired, per 05/20/15, report. MTUS, Transcutaneous electrical nerve stimulation Section, page 121 on neuromuscular electrical stimulation (NMES devices) states: "Not recommended. NMES is used primarily as a part of rehabilitation program following stroke, and there is no evidence to support its use in chronic pain. There is no intervention trial suggesting benefit from NMES for chronic pain." Treater has not provided medical rationale for the request. Per 07/21/15 report, treater indicated "Muscle Strengthening due to muscle Atrophy," and "knee TENS unit with conductive garment and supplies, 1 month rental or rent to purchase." It appears that treater is requesting NMES/TENS garment and supplies for postoperative use for the left knee and possibly for the right knee chronic pain. However, MTUS guidelines do not support neuromuscular stimulator (NMES) except for stroke rehabilitation. Review of records does not show the patient is part of a rehabilitation program following a stroke. MTUS does not support EMS or NMES for chronic pain condition, either. This request is not in accordance with guidelines. Therefore, this associated request is not medically necessary.

Garment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<https://www.healthplanofnevada.com/documents/providerfiles>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Based on the 05/20/15 progress report provided by treating physician, the patient presents with bilateral knee pain. The patient is status post left total knee arthroplasty on 08/24/15, and right TKA 2009. The request is for Garment. Patient's diagnosis per Request for Authorization form dated 08/25/15 includes Osteoarthritis, unspecified whether generalized or localized, lower leg. Patient's gait is antalgic. Physical examination on 05/20/15 revealed severe lateral and medial joint line tenderness and a small effusion, as well as diminished range of motion of the knee with mild patella-femoral crepitus with pain. Treatment to date has included surgery, imaging studies, exercises and medications. The patient is retired, per 05/20/15, report. MTUS, Transcutaneous electrical nerve stimulation Section, page 121 on neuromuscular electrical stimulation (NMES devices) states: "Not recommended. NMES is used primarily as a part of rehabilitation program following stroke, and there is no evidence to support its use in chronic pain. There is no intervention trial suggesting benefit from NMES for chronic pain." Treater has not provided medical rationale for the request. Per 07/21/15 report, treater indicated "Muscle Strengthening due to muscle Atrophy," and "knee TENS unit with conductive garment and supplies, 1 month rental or rent to purchase." It appears that treater is requesting NMES/TENS garment and supplies for postoperative use for the left knee and possibly for the right knee chronic pain. However, MTUS guidelines do not support neuromuscular stimulator (NMES) except for stroke rehabilitation. Review of records does not show the patient is part of a rehabilitation program following a stroke. MTUS does not support EMS or NMES for chronic

pain condition, either. This request is not in accordance with guidelines. Therefore, this associated request is not medically necessary.

Neuromuscular electrical stimulation unit (NMES) knee unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neuromuscular electrical stimulation unit (NMES).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Based on the 05/20/15 progress report provided by treating physician, the patient presents with bilateral knee pain. The patient is status post left total knee arthroplasty on 08/24/15, and right TKA 2009. The request is for Neuromuscular electrical stimulation unit (NMES) knee unit. Patient's diagnosis per Request for Authorization form dated 08/25/15 includes Osteoarthritis, unspecified whether generalized or localized, lower leg. Patient's gait is antalgic. Physical examination on 05/20/15 revealed severe lateral and medial joint line tenderness and a small effusion, as well as diminished range of motion of the knee with mild patella-femoral crepitus with pain. Treatment to date has included surgery, imaging studies, exercises and medications. The patient is retired, per 05/20/15, report. MTUS, Transcutaneous electrical nerve stimulation Section, page 121 on neuromuscular electrical stimulation (NMES devices) states: "Not recommended. NMES is used primarily as a part of rehabilitation program following stroke, and there is no evidence to support its use in chronic pain. There is no intervention trial suggesting benefit from NMES for chronic pain." Treater has not provided medical rationale for the request. Per 07/21/15 report, treater indicated "Muscle Strengthening due to muscle Atrophy," and "knee TENS unit with conductive garment and supplies, 1 month rental or rent to purchase." It appears that treater is requesting NMES/TENS garment and supplies for postoperative use for the left knee and possibly for the right knee chronic pain. However, MTUS guidelines do not support neuromuscular stimulator (NMES) except for stroke rehabilitation. Review of records does not show the patient is part of a rehabilitation program following a stroke. MTUS does not support EMS or NMES for chronic pain condition, either. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.